# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Corrected

Verified

### **Facility Information**

**Facility Name: FAMILY CIRCLE (510123)** 

Address: 211 6TH AVE N PO BOX 187, STRUM, WI 54770

License Status: REGULAR

Licensed/Certified/Registered 10/15/1989

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Survey ID: 0097110 End Date: 05/12/2006 Type: ABBREVIATED Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10011287 Served 05/15/2006

Deficiencies Cited Subject Area Subject Area Verified

83.13(7)(b) PERSONNEL RECORDS AVAILABLE FOR REVIEW

83.41(10)(d) FURNITURE IN GOOD REPAIR

83.51(1)(g) FLOORS WALLS CEILINGS IN GOOD REPAIR

Survey ID: 0095500 End Date: 07/11/2005 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092951 End Date: 06/22/2004 Type: OTHER Purpose: COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006409 Served 07/20/2004

<u>Compliance</u>

Deficiencies Cited Subject Area
83,45(1) ACCESSIBILITY

83.51(1)(j) OUTSIDE STAIRS AND PORCH SAFE

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Survey ID: 0092418 End Date: 04/14/2004 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10006340 Served 04/24/2004

		Compilation	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.14(3)	INITIAL TRAINING MEDICATIONS	04/21/2004	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/01/2004	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	09/01/2004	Yes
83.53(1)(f)	REQUIRED WIDTH CLEAR & UNOBSTRUCTED	04/15/2004	Yes

Compliance

Survey ID: 0090845 End Date: 08/05/2003 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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## **Enforcement History**

Date: 04/23/2004 SOD #10006340 Appealed: No

**Sanctions** 

COMPLY WITH REQUIREMENT FORFEITURE---83.14(3) FORFEITURE---83.14(7)(b)

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**Complaint History** 

Date Complaint Received: 06/21/2004 Date Investigation Completed: 06/22/2004

Subject Area(s)ResultSOD #PHYSICAL PLANTS & SAFETY HAZARDSSUBSTANTIATED10006409

Date Complaint Received: 08/04/2003 Date Investigation Completed: 08/12/2003

Subject Area(s) Result SOD #

PROGRAM SERVICES NOT SUBSTANTIATED